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COORDINATION OF THE POLICIES AND ACTIVITIES OF THE SPECIALIZED AGENCIES AND OTHER BODIES OF THE UNITED NATIONS SYSTEM RELATED TO THE FOLLOWING THEME: INTERNATIONAL COOPERATION WITHIN THE UNITED NATIONS SYSTEM AGAINST THE ILLICIT PRODUCTION, SALE, DEMAND, TRAFFIC AND DISTRIBUTION OF NARCOTIC DRUGS AND PSYCHOTROPIC SUBSTANCES

Status of international cooperation in drug abuse control within the United Nations system

Report of the Secretary-General

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INTRODUCTION

1. The General Assembly, in paragraph 8 of its resolution 48/12, requested the Economic and Social Council at its coordination segment in 1994 to examine the status of international cooperation within the United Nations system against the illicit production, sale, demand, traffic and distribution of narcotics and psychotropic substances in order to recommend ways and means to improve such cooperation, and to report thereon to the Assembly at its forty-ninth regular session.

2. The present report on the status of international cooperation in drug abuse control within the United Nations system has been prepared for review by the Economic and Social Council, as mentioned above.

I. COORDINATION OF THE UNITED NATIONS INTERNATIONAL DRUG CONTROL PROGRAMME

3. There has clearly been a growing recognition by the international community of the global threat presented by the drug problem, and of its challenge to societies from the economic, political, social and environmental perspectives. It is, moreover, a problem that requires a holistic/multidisciplinary and balanced approach. Hence the need, not merely for enhanced levels of coordination and cooperation, but for powerfully concerted action.

4. The reports of the Executive Director of the United Nations International Drug Control Programme (UNDCP) on activities of the United Nations in drug control programmes (contained in document E/CN.7/1994/2 of 17 February 1994) and of the Secretary-General on the updated system-wide action plan including agency-specific implementation plans (contained in document E/CN.7/1994/CRP.6 of 22 March 1994) together provide an overview of the measures and progress achieved in the relatively short time elapsed since the decision that led to the creation of UNDCP. The progress achieved has justified the decision taken by the General Assembly in response to the need for what the Assembly, in preambular paragraph 4 of its resolution 45/179, called a more comprehensive and integrated approach to international drug control and a more efficient structure across the United Nations system in order to use available resources in the most efficient way to enable the United Nations to play a central and greatly enhanced role in that field.

5. The Executive Director of UNDCP, while reporting to the Secretary General, has been assigned, as set forth in paragraph 4 of General Assembly resolution 45/179, exclusive responsibility for coordinating and providing effective leadership for all United Nations drug control activities, in order to ensure coherence of actions within the Programme as well as coordination, complementarity and non-duplication of such activities across the United Nations system; more recently, the Assembly, in paragraph 5 of its resolution 48/12, reaffirmed the leadership role of UNDCP as the main focus for concerted international action for drug abuse control and as international coordinator of drug control activities, especially within the United Nations system, and, in section IV, paragraph 1, of its resolution 48/112, reaffirmed the role of the

Executive Director of UNDCP to coordinate and provide effective leadership for all United Nations drug control activities, in order to ensure coherence of action within the Programme.

6. The Commission on Narcotic Drugs, in its role, according to preambular paragraph 10 of General Assembly resolution 48/112, as the principal United Nations policy-making body on drug control issues, had, in discussions at its thirty-sixth session, recognized that UNDCP had a central role to play, not only in coordinating national and regional activities related to drug control, but also in assisting States in their efforts to promote and implement the Global Programme of Action, as contained in General Assembly resolution S-17/2, annex. It should above all assist Governments in formulating and developing strategies and national master plans. 1/

7. While the General Assembly, in paragraph 6 of its resolution 48/12, in calling upon States to take all necessary steps to implement the recommendations contained in the Global Programme of Action at the national, regional and international levels, thereby indicated that the primary responsibility for implementing the Global Programme of Action lay with States, in paragraph 96 of the Global Programme of Action the agencies and entities of the United Nations system were called upon to extend their cooperation and assistance to States in the promotion and implementation of the Global Programme of Action, and in preambular paragraph 3 of Assembly resolution 47/100, to discharge their important role in supported concerted action. More specifically, the Assembly, in paragraph 3 of its resolution 44/141, requested the Secretary-General to coordinate, at the inter-agency level, the development of a United Nations system-wide action plan on drug abuse control aimed at the full implementation of all existing mandates and subsequent decisions of intergovernmental bodies throughout the United Nations system; in section IV, paragraph 2, of its resolution 44/112, the Assembly called for completion of the updated System-Wide Action Plan on Drug Abuse Control in full cooperation with the Administrative Committee on Coordination (ACC) in time for review in 1994; and in section IV, paragraph 4, of resolution 48/112, the Assembly called upon all relevant United Nations agencies to incorporate fully into their programmes all the mandates and activities contained in the Action Plan and its annex.

8. Coordination of activities among the organizations of the United Nations system is effected through ACC and its Consultative Committee on Programme and Operational Questions (CCPOQ) and especially through the Subcommittee on Drug Abuse Control. The Joint Consultative Group on Policy (JCGP), consisting of five funding organizations of the United Nations system, which has now been invited to further develop its cooperation with UNDCP, provides another forum for cooperation. 2/ Of particular operational importance are the informal cooperation arrangements between organizations.

II. AN ASSESSMENT OF THE CURRENT STATUS OF COORDINATION

At the national and intergovernmental levels

9. Member States represented in the General Assembly, the Economic and Social Council and the Commission on Narcotic Drugs have expressed unflinching

commitment to increase substantially efforts to achieve coordinated action and set priorities in the international fight against abuse, illicit production and traffic of drugs (General Assembly resolution 48/12, preambular paragraph 7); have agreed, inter alia, on strengthening and enhancing the capability of the United Nations to achieve more effective and coordinated cooperation at the international, regional and national levels against the threats posed by illicit production and illicit trafficking and abuse of narcotic drugs and psychotropic substances (Assembly resolution S-17/2, annex, Political Declaration, para. 25), and that intensification of efforts at the national level and increased intergovernmental cooperation require a commensurate strengthening of the United Nations drug control organs and their secretariats (Assembly resolution S-17/2, annex, Global Programme of Action, para. 93); have resolved that action against drug abuse should be accorded the highest possible priority by the international community (Assembly resolution 44/141, para. 1); and have urged all Governments to provide the fullest possible financial and political support to UNDCP (Assembly resolution 48/112, sect. V, para. 2). These commitments have been translated into action in regard, inter alia, to the strengthening of the United Nations structures and the flow of resources, especially extrabudgetary ones, for drug control programmes.

10. What is lacking to a large extent, however, is the crucial element of consistency of the positions of Member States in the various other United Nations forums. Member States have been urged, as already noted, to ensure that their agendas consistently reflect and accord adequate priority to drug control activities (General Assembly resolution 48/12, para. 7); 3/ to examine the need for a mandate on drug control (in the light of the Global Programme of Action and subsequent instruments and resolutions); and to assess the activities undertaken to comply with the Action Plan and, as appropriate, report on how the issue of drug control is taken into account in the relevant programmes (Assembly resolution 48/112, sect. IV, para. 7). In fact, such follow-up has, it would appear, been undertaken in few governing bodies. Nor would it suffice to merely reaffirm commitment, as some have done, to the importance of drug control activities unless there is simultaneously some indication of the priority to be accorded to those activities as reflected, in turn, in the given organization's programme and budget document and in its work programme.

11. It is similarly clear that the elaboration of master plans, defining States' objectives and priorities and determining the steps to be taken to implement national strategies 4/ is not only essential for national policy planning but is also a prerequisite of elaborating coherent subregional, regional, and international plans of action. So too, national coordinating committees - crucial to the coordination of the activities of different agencies 5/ - and national monitoring mechanisms on the nature and extent of drug abuse are mechanisms that impact on the degree of coordination of United Nations system activities. Relatively few Member states have elaborated master plans or established coordination committees or monitoring mechanisms.

Within the United Nations system

12. UNDCP has been assigned a clear role, not merely as the central funding organization for drug control programmes and activities, but in providing effective leadership and coordination, especially within the United Nations

system (General Assembly resolution 48/12, para. 5); organizations of the system are in turn urged to cooperate fully in this regard.

13. Notwithstanding the progress achieved especially since the creation of UNDCP approximately three years ago, and the fact that its primary policy-making organ has commended it for its efforts to promote inter-agency coordination, 6/ and that bilateral donors (the Dublin group) are encouraging it to play a broader coordinating role, there is clearly much room for improvement (see document E/CN.7/1994/2, para. 84). UNDCP's coordinating role not only presents a major challenge, but is central to its future, and in fact constitutes its raison d'être. The fact that some of the prerequisites of coordination are as yet lacking in no way lessens this responsibility, but rather emphasizes the importance of, and should be a further stimulus to enhancing, the coordination efforts of the United Nations system. The aim should be to optimize coherence and coordination in the given circumstances and to this end, UNDCP must exercise its promotional, catalytic and coordination role in the full measure that its role (also) as the central funding organization permits.

14. Any form of coordination or collaboration must be preceded by the existence of certain basic instruments and tools and should develop through a common understanding of the nature and scope of the problem. Important among those instruments are drug information systems that include data on the patterns and extent of drug abuse and trafficking. Ideally, agencies involved in such matters should have common databases.

15. Principles or guidelines drawing on policy positions articulated in the context of relevant forums and working agreements with individual agencies (as have been reached with some) could also facilitate coordination. In the case of such agreements, form should follow substance, lest they remain formal documents.

16. Coordination must not be allowed to become an end in itself, but must be focused around substantive goals and objectives that would enhance the total impact of the system's activities. A fundamental prerequisite of United Nations system activities is a frame of reference involving a concise articulation of UNDCP's and the system's strategic goals and priorities, one that should be specific enough to be meaningful, and general enough to be applicable in the range of unique country, subregional and even regional circumstances. The elaboration of that frame of reference by, in the first instance, UNDCP, should be of the highest priority but it needs to be borne in mind that the system should not - indeed, cannot - attempt to cover the almost all-encompassing range of activities identified in the Global Programme of Action. It must be selective and focus on priority areas as determined in the light of national, subregional and regional strategies, and where the United Nations system is perceived to have a comparative advantage. The draft strategy should then be further developed together with agencies and entities of the system.

17. National master plans prepared by each Government, with assistance as required from the system, are indeed the cornerstone of the planning process and provide the essential framework for planning and coordinating international action. The development of such master plans is, however, a process that is dependent upon a Government's commitment and leadership/ownership, and it is

similar to other development processes such as the Programme Approach and the Country Strategy Note. Unfortunately, this requirement has been met by only a few countries; but where plans exist, they provide a sound framework for inter-agency collaboration and a framework for all assistance.

18. UNDCP's Country Programme Framework (CPF) has provided some semblance of a framework even though its value is limited by the fact that agencies and entities have evidently not been involved in the process and, even more important, that it often does not flow from a national strategy or master plan and therefore may not have the operational support that is required to implement it, or is not likely to be sustained once the external assistance and resources are terminated. This once again emphasizes how much the success of international efforts is dependent on national-level commitment.

19. The preparation of master plans and CPFs, and indeed of any related action, must be based on a clear knowledge and understanding of the country situation. Country profiles providing a "situational analysis", identifying multisectoral linkages, and setting them in the context of overall development, are a fundamental requirement and deserve high priority. They should be the result of a joint undertaking of all relevant agencies and entities of the United Nations system and should draw on the results of the work of national monitoring systems where they exist. Such collaboration would be facilitated through working groups - with a lead agency - that undertook the situational analysis, prepared an inventory of ongoing programmes and reviewed them in relation to the situational analyses, and then formulated a system-wide draft plan of action.

20. Despite the considerable time and effort devoted to its preparation, the system-wide action plan leaves much to be desired. It does not meet the requirements (a statement of purposes, a reasonable time-frame for implementation of each portion of the action plan, and a realistic cost estimate) identified by the General Assembly in paragraph 3 (b) of its resolution 44/141, and is at present no more than a compilation - indeed a patchwork - of drug-related projects, many of them seemingly being undertaken by each agency and entity independently of the others. They are even presented by agency rather than by themes, thus accentuating the fact that they appear to be a series of largely uncoordinated activities. This state of affairs, and the fact that discussions on the action plan's format have been rather inconclusive for nearly three years, would seem to stem, on the one hand, from the absence of clear agency priorities and on the other, from the lack of a sufficiently representative group of national master plans as an essential basis for elaborating agency implementation plans that are responsive to national needs and priorities.

21. UNDCP has given emphasis to the elaboration of regional and especially subregional strategies. This is entirely appropriate, though it too is constrained by the insufficient commitment of some Governments to the drug issue, and to the absence of the necessary precondition - clear national strategies - once again emphasizing the need for an essentially bottom-up approach.

22. The ACC Subcommittee on Drug Abuse Control provides an adequate mechanism for inter-agency collaboration. Recent improvements in its functioning in the

framework of ACC/Organizational Committee (OC) guidelines should be pursued and the risks of bureaucratic coordination minimized through, inter alia, more focused agendas, timely and well-prepared documentation, and concise reports. In particular, inter-sessional informal working groups of the agencies most directly involved, focused around specific themes and led by the agency with a comparative advantage, could greatly enhance the Subcommittee's effectiveness. It should include in its agenda the finalization of agreements on the United Nations system's strategic goals and priorities, and on a framework for preparing common databases, terminology, research programmes, training strategies, and principles to guide inter-agency cooperation.

23. Full use should be made of the opportunities created by the invitation to JCGP to further develop its cooperation with UNDCP; agreements reached therefrom could be a building block for reaching system-wide understandings and approaches.

24. In the final analysis, the heart of the Programme lies at the field level. A well-coordinated bottom-up approach will best ensure success in achieving the objectives assigned to UNDCP. The important roles of the Resident Coordinators/Representatives and of UNDCP's Country Directors require that roles and relationships - including those among headquarters, country and regional offices - be clear and that they receive the necessary policy directives and guidelines which should be set within the framework of the ACC guidelines on the Resident Coordinator system and on the various programming processes.

25. The importance of the training of national staff to help build national capacities, and of the training and orientation of UNDCP and United Nations system staff, especially country teams, requires more emphasis (also from a coordination viewpoint); and current initiatives should be actively pursued on the basis of a common training strategy or plan.

26. Reporting requirements of intergovernmental bodies impose a disproportionate burden on UNDCP and the agencies and entities of the system and divert staff and resources from their substantive work. Responses in the past have been lengthy and inadequately focused 7/ and far exceed the limits set by the General Assembly, the Economic and Social Council and the Secretary-General. 8/

III. SUMMARY OF CONCLUSIONS AND RECOMMENDATIONS

27. While there has been a significant degree of progress since the creation of UNDCP in enhancing the coordination of United Nations system activities, the essence of which has not always been fully captured in reports, there is clearly "much room for improvement".

At the national and intergovernmental levels

Continuing efforts should be made to ensure that:

28. Member States are better apprised of the policy and financial implications of the decisions they may take, including the preconditions and constraints of United Nations system support to their programmes and activities.

29. Member States represented in the various governing bodies of the system review the mandates (General Assembly resolution 48/112, sect. IV, para. 7) and, more particularly, the priority (Assembly resolution 48/12, para. 7) to be given to drug control activities, and allocate commensurate resources for, at least, elaborating and promoting them.

30. Member States similarly endeavour to obtain the support of international, regional and national financial institutions for drug control activities (General Assembly resolution S-17/2, annex, Global Programme of Action, para. 43).

31. National drug control master plans, defining objectives, priorities and strategies are elaborated by Governments as an essential foundation for the elaboration of subregional, regional and international programmes of action - and hence for United Nations system-wide coordination.

Within the United Nations system

UNDCP's coordination role

32. UNDCP has a clear and important responsibility for coordinating and providing effective leadership especially within the United Nations system. It is essential that such coordination efforts be focused around common strategic goals and priorities, recognize the existing mandates of agencies and entities and draw fully on what the General Assembly, in preambular paragraph 3 of its resolution 45/179, referred to as their valuable knowledge, expertise and experience, with due regard to UNDCP's accountability for the funds placed at its disposal. Those efforts should furthermore be carried out on the basis of a common understanding of the scope and content of the drug problem and within the framework of commonly agreed strategies at the international, regional, subregional and, especially, national levels. Coordination efforts should, moreover, be proactive and go beyond the avoidance of duplication of efforts, and promote mutually supportive activities.

33. The highest priority should be given to the elaboration and refinement of UNDCP's and the system's strategic goals and priorities. In this connection, a more detailed framework for collaboration between UNDCP and the main partners among the agencies and entities of the system should be prepared; all proposals for UNDCP funding should fall within that framework and hence constitute part of a system-wide effort.

34. A much closer substantive working relationship should be developed between UNDCP and the main partner agencies and entities. While focal points,

preferably at the policy level, do facilitate such relationships, systematic resort should be had to ad hoc informal working groups that function under the lead agency concept.

35. Collaboration should be promoted with United Nations system partners in elaborating common terminology and principles to guide their cooperation.

36. Draft programmes should be prepared, for discussion with UNDCP's United Nations system partners, for research and for the development of a common database, drawing also on any work done in this connection through national monitoring systems. The data collected should be shared with all organizations on a continuous basis.

37. Priority should be given to additional studies on the socio-economic impact of illicit drug production, trafficking and abuse as an important part of UNDCP's promotional work so as to sensitize its partners to the developmental implications of the drug problem and to make that problem an essential component of development policies and plans.

38. UNDCP should play an increasingly active part in making other governing bodies and their individual representatives more fully seized of the drug problem to ensure that adequate financial and human resources are allocated for the further development and implementation of drug control activities designed in cooperation with UNDCP.

Master plans

39. The preparation of master plans based on sound data and situational analyses - which is the primary responsibility of Governments themselves - is essential to the bottom-up approach that best ensures the relevance and impact of international assistance, and the sustainability of the national programme thereafter.

40. The process for assisting in the preparation of master plans and UNDCP's capacities in this regard should be reviewed and consideration given to a specific budget or source of funds for UNDCP and agency support to the process. The expertise and resources of relevant organizations of the system should be drawn upon when developing national and regional strategies for drug abuse control.

41. Even where Governments are not committed to the master plan concept or where a plan is initially not required or feasible, the Country Programming Framework (CPF) should be elaborated, in collaboration with UNDCP's United Nations system partners, and used as an input into wider programming frameworks, for example, the Country Strategy Notes.

International financial institutions

42. The role of international financial institutions in United Nations system-wide activities has as yet been limited but does afford various opportunities.

43. UNDCP should, having elaborated its own proposals, further the dialogue with those institutions with a view to their direct involvement in (a) drug-oriented economic research activities, particularly with a view to assessing the economic and social impact of illicit production, trafficking and abuse; (b) sustainable alternative development schemes in areas where illicit cultivation takes place; and (c) activities aimed at combating money laundering. The initial contacts already established with the International Monetary Fund (IMF) and other relevant bodies for the purpose of addressing the money laundering issue should be actively pursued on the basis also of UNDCP's own ideas on the scope and content of such a study.

Inter-agency mechanisms

44. The functioning of the ACC Subcommittee on Drug Abuse Control could be further enhanced. Agreements reached through further development of JCGP's cooperation with UNDCP could be a building block for reaching system-wide understanding and approaches.

45. ACC guidelines on the functioning of its machinery should be fully implemented, especially in regard to more focused agenda, timely and well-prepared documentation, and concise reports. Agenda items should, inter alia, include the elaboration of system goals and priorities, and common terminology, databases, research programmes, training plans, and principles to guide inter-agency cooperation.

46. Greater resort should generally be had both within and outside the functioning of the ACC Subcommittee to ad hoc and informal working groups/task forces/functional groups, focused on specific substantive themes and issues, and led by the organization most directly involved and/or the one with a comparative advantage. Such groups would involve only those agencies and entities with the potential to contribute and should, in the interests of costs, make maximum use of electronic mail (e-mail) facilities.

Field coordination

47. The field structure must in every sense be at the heart of UNDCP's and the system's programmes and activities. Effective coordination of efforts at the field level is therefore of paramount importance.

48. There needs to be a clear definition of the purpose, format and approach to master plans and their relationships to wider programme frameworks such as the Country Strategy Notes.

49. Guidelines on inter-agency coordination processes within the framework of those already issued by ACC in regard to the Resident Coordinator system need to be elaborated for the field level, as well as for such programming processes as the Programme Approach and the Country Strategy Note, and for the relationship among those processes and master plans and CPFs.

50. UNDP Resident Representatives in their capacity as representatives of UNDCP are in a pivotal position to promote synergy of drug control activities at the field level among organizations of the United Nations system, including the

Bretton Woods institutions, and should be encouraged to form ad hoc inter-agency working groups - with a lead agency - on substantive issues as well as to ensure that coherent action emerges through relevant planning and programming tools.

Training and orientation

51. The commitment of UNDCP personnel and other United Nations system staff to enhanced coordination and cooperation depends on their full understanding of their organization's mandate and role in the wider context of the system's programmes and activities. The ability of national Governments to discharge their central role depends on the existence of an adequate institutional framework and capacity, which should be strengthened through training.

52. An orientation programme focused around the United Nations country teams on drug control issues should be elaborated, and the introduction of the drug component into ongoing agency and system programmes, including those at the International Training Centre of the International Labour Organization, in Turin, should be ensured.

53. Coordinated training programmes to strengthen national capacities should be developed as a matter of priority.

Notes

1/ See Official Records of the Economic and Social Council, 1993, Supplement No. 9 (E/1993/29/Rev.1), para. 134.

2/ Ibid., chap. I, sect. A, draft resolution IX, operative para. 7.

3/ See also ibid., para. 143 and chap. I, sect. A, draft resolution IX, operative paras. 3 and 4. Few if any organizations have given consideration to the provisions of the Global Programme of Action addressed specifically to them.

4/ Ibid., para. 117.

5/ Ibid., para. 119.

6/ Ibid., para. 144.

7/ The length of progress reports in the United Nations system tends to be in inverse proportion to the progress being reported.

8/ See General Assembly resolutions 36/117 A to D, Economic and Social Council resolution 1979/41, and the note by the Secretary-General on control and limitation of documentation (A/INF/48/1), paras. 48-50.

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ECONOMIC AND ENVIRONMENTAL QUESTIONS: REPORTS OF SUBSIDIARY BODIES, CONFERENCES AND RELATED QUESTIONS

Consultative meeting on a coalition of resources for science and technology for development

Report of the Secretary-General

The purpose of this progress report is to bring Member States up to date on actions being taken to implement Economic and Social Council resolution 1993/73 and arrangements being made to hold a consultative meeting on a more effective coalition of resources for science and technology for development.

1. The General Assembly, in its resolution 46/165 of 19 December 1991, requested concrete proposals for organizing a more effective coalition of resources to meet the scientific and technological needs of developing countries. The mandate given to the Secretary-General in that context was to present proposals on how to structure and manage a more effective coalition of resources which could provide momentum to the process of building the endogenous, scientific and technological capacities of developing countries.

2. In pursuance of that resolution and the discussion by the Commission on Science and Technology for Development at its first session, the Economic and Social Council requested the Secretary-General to convene a consultative meeting on the subject (resolution 1993/73).

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3. The Council further decided that the objectives of the consultative meeting should be to:

(a) Compare and exchange views on portfolios of programmes and projects in science and technology in support of endogenous capacity-building at the national, regional and global levels;

(b) Consider ways and means of securing continual interaction and complementarity of the institutions involved in the financing of science and technology and suggest specific ways in which such cooperation could continue for the harmonization of their policies and the enhancement of specific opportunities for a coalition of resources among the interested financing and funding institutions.

4. In preparation for the proposed consultative meeting, the Department for Policy Coordination and Sustainable Development of the United Nations Secretariat organized informal consultations with Council Member States on 31 March 1994 to exchange views on the nature and timing of the consultative meeting. The informal consultation was attended by 18 countries. The Secretariat had prepared a concept paper as a basis for discussion. The basic premise of the concept paper was that, given the limited success of the Fund for Science and Technology for Development, it would be difficult to mobilize new financial resources for science and technology, in its generic form, without a more compelling orientation which could attract donor support. The paper proposed that the focus of the coalition be narrowed to the transfer of environmentally sound technology and related scientific know-how.

5. The main points of discussion and understanding were the following:

(a) The objectives of the consultative meeting should follow those set out in resolution 1993/73;

(b) The proposed coalition of resources should continue to address science and technology for development from a generic perspective. The principles and objectives of the Vienna Programme of Action, adopted in 1979 at the United Nations Conference on Science and Technology for Development, are still considered valid;

(c) The General Assembly, in resolution 44/14, identified a broad programmatic focus for the coalition, namely, to strengthen the endogenous capacity-building of developing countries in science and technology. This would need to be further elaborated and sharpened, taking into account the needs and priorities of developing countries and reflecting - but not being limited to - sustainable development aspects related to Agenda 21;

(d) The focus of the coalition, to be considered at the proposed consultative meeting, would be on improving the coordination of resources devoted to science and technology for development within the United Nations system and improving the coordination of financing policies and resources of the development banks and financial institutions for financing science and technology in order to ensure harmonization and complementarity among the different sources of funding;

(e) The United Nations should act as a facilitator in initiating dialogues among the United Nations agencies, outside multilateral and bilateral organizations, financial institutions and the private sector. The objective of the coalition, built upon a series of such dialogues, would be to coordinate policies by optimizing the resources made available to support endogenous capacity-building in science and technology for developing countries;

(f) The consultative meeting, lasting one or two days, will be held in the last quarter of 1994. It was agreed that the meeting should be held after the outcome of the deliberations of the Council coordination segment on the theme of science and technology for development is known;

(g) The consultative meeting should include representatives of the Council member States, the core United Nations agencies active in science and technology, the World Bank, major development and regional banks and other multilateral and bilateral donors who support science and technology for development;

(h) A short background document on the funding activities of these organizations in support of science and technology in developing countries will be prepared by the Secretariat;

(i) The consultative meeting would be prepared by the Department for Policy Coordination and Sustainable Development in close association with the United Nations Conference on Trade and Development and the United Nations Development Programme.

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COORDINATION OF THE ACTIVITIES OF THE UNITED NATIONS SYSTEM: IMPLEMENTATION OF THE AGREED CONCLUSIONS OF THE 1993 COORDINATION SEGMENT OF THE COUNCIL

Preventive action and intensification of the struggle against malaria and diarrhoeal diseases, in particular cholera

Report of the Secretary-General

SUMMARY

At its organizational session for 1993, the Economic and Social Council decided that the coordination segment of the substantive session of the Council of 1993 should focus on the coordination of the activities of the United Nations system in the fields of preventive action and intensification of the struggle against malaria and diarrhoeal diseases, in particular cholera (decision 1993/205). The outcome of the Council's deliberations at its substantive session was agreed conclusions containing specific recommendations on coordination matters addressed to the various parts of the United Nations system, for implementation in accordance with General Assembly resolution 45/264 on the restructuring and revitalization of the United Nations in the economic, social and related fields. The Secretary-General was requested to report on the implementation of those recommendations, specifying goals, work-plans, time-frames and resource needs for achieving them. The present report responds to that request.

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INTRODUCTION

1. Information on malaria and diarrhoeal diseases, as well as on actions being taken to control them, was provided by the Secretary-General in his report to the Economic and Social Council at its substantive session of 1993 (E/1993/68). 1/ After discussing the subject, the Council reached agreed conclusions containing recommendations (see annex I below). The present report focuses on actions taken which relate to these conclusions and recommendations. The organizations that collaborated in the preparation of the report of the Secretary-General in 1993 were the major contributors to the present report (see annex II), for which the World Health Organization (WHO) acted as Task Manager.

2. Malaria and diarrhoeal diseases, including cholera, take a heavy toll in human life and suffering. There are several hundred million cases each year and some four million deaths. The major impact of these diseases is felt in developing countries among the men and women of the work force, pregnant women, infants and young children under five years of age and children of school age. These diseases constitute major impediments to social and economic development, degrading the quality of life of millions of people, their families and their communities. They contribute in large measure to a vicious circle of disease-malnutrition-poverty-disease. Features they share include their relation to water resources, the importance of education and community participation in their prevention and control, and the importance of early diagnosis in the home and of rapid referral of severe cases to a health centre.

3. These features highlight the need for intersectoral action and the importance of addressing the two diseases in the context of more comprehensive programmes promoting primary health care. They are specific targets of prevention and control efforts made by Governments with the support of the international community, in particular the organizations and bodies of the United Nations system. While these diseases are specific and priority concerns of the World Health Organization (WHO) and such organizations as the Food and Agriculture Organization of the United Nations (FAO), the United Nations Development Programme (UNDP), the United Nations Children's Fund (UNICEF) and the World Bank, they also influence development policies of many other United Nations organizations, bilateral and multilateral development agencies and non-governmental organizations.

I. IMPLEMENTATION OF THE CONCLUSIONS AND RECOMMENDATIONS OF THE ECONOMIC AND SOCIAL COUNCIL

A. Global and regional levels

Existing collaborative action

4. While the present report focuses on the conclusions and recommendations of the Economic and Social Council (see annex I below), it should be recognized that many global and other initiatives have been or are being taken to improve United Nations system coordination. A brief review of these initiatives is given below to provide the context in which the follow-up to the Council's

agreed conclusions is taking place, recognizing that those conclusions have served as a catalyst in enhancing and accelerating the process of coordination in the system in this field.

5. Chapter 6 of Agenda 21, 2/ adopted by the United Nations Conference on Environment and Development in 1992, is devoted to protecting and promoting human health, and sets specific objectives for the prevention and control of malaria and diarrhoeal diseases, along with the goals for child survival, development and protection endorsed by the World Summit for Children in 1990 (see A/45/625, annex). Agenda 21 responds directly to the recommendation contained in paragraph 4 of the agreed conclusions, in which the Council states that "prevention and treatment of these debilitating diseases should be included as a major focus of health and development efforts", and to the Council's concern, expressed in the recommendation contained in paragraph 5, that the root causes of the diseases be addressed by providing a multisectoral and integrated approach that responds to short-term needs, while at the same time providing for the long-term investments required.

6. Agenda 21 also addresses, as the Council suggested in the recommendation contained in paragraph 5 of the agreed conclusions, improving national capacity-building, food safety, nutrition, drinking water and sanitation, hygiene and education, especially of women. It highlights the interaction between poverty, environment, development and health, as referred to in the recommendation contained in paragraph 6 of the agreed conclusions and repeats the call made in the recommendations contained in paragraphs 9 and 10 for increasing the resources allocated to combating these problems. Health is also identified as a central concern in other major programmes of Agenda 21, including those related to water, atmosphere, housing, agriculture, toxic chemicals and hazardous and radioactive wastes.

7. The United Nations Commission on Sustainable Development, established to monitor the implementation of Agenda 21, will examine the critical elements of sustainability with particular attention to financial resources and mechanisms and to the need for capacity-building. The Commission's programme of work for 1994 includes the cluster of health, human settlements and fresh water, and of toxic chemicals, hazardous wastes and radioactive wastes. WHO serves as the Task Manager for human health and has prepared a background paper outlining reforms needed for the activities of chapter 6 of Agenda 21 to be realized. The background paper was prepared with the active participation of all major United Nations organizations for review by the Commission at its present session. (The Commission had not yet met when the present report was prepared, but several members of the Inter-Agency Committee on Sustainable Development, which reviewed the paper in March, expressed their appreciation of the extensive consultations which had taken place in its preparation.) The Subcommittee on Water Resources of the Administrative Committee on Coordination (ACC), which is currently chaired by FAO, is designated Task Manager for chapter 18 of Agenda 21 (Protection of the quality and supply of freshwater resources). Agenda 21 and the work of the Commission are providing a powerful stimulus for coordination within the United Nations system in the area of health, and, in turn, with other partners in development.

8. Follow-up actions are being pursued in relation to the 1990 World Summit for Children, which is also providing a continuing stimulus for coordinating the efforts of all partners in development. In 1993, a series of mid-decade (1995) goals were endorsed by the Executive Boards of UNICEF and WHO as stepping-stones to the goals for the year 2000 endorsed by the Summit. These include 80 per cent use of oral rehydration therapy and continued feeding to control diarrhoeal diseases; an increase in water supply by one fourth and sanitation by one third; and an increase in education rates, especially among girls. In January 1994, the Administrator of UNDP wrote to all resident representatives drawing their attention to those goals and requesting them to play an especially creative role, both to explore ways to strengthen linkages with other parts of the UNDP country programme and, as United Nations resident coordinators, to encourage other United Nations colleagues to play their part in strengthening linkages with their own activities. Also in January 1994, the Executive Director of UNICEF and the Director-General of WHO sent a joint letter to all heads of State asking them to lend their personal attention to the attainment of those goals. There is a conviction on the part of UNDP, UNICEF and WHO that a clearly enunciated consensus by the United Nations organizations concerned on the importance of the goals for 1995 and the year 2000 is a critical element in being able to achieve them.

9. To highlight the contributions of oral rehydration therapy (ORT) in reducing diarrhoea-related mortality, the United States Agency for International Development and the Society for International Development sponsored a meeting in March 1994 in collaboration with the Pan American Health Organization (PAHO), UNDP, UNICEF, the World Bank and WHO to celebrate the twenty-fifth anniversary of the discovery of ORT. The meeting was attended by scientists and international health leaders, including ministers or vice-ministers of health from 26 developing countries, who exchanged experiences gained in different regions and reached consensus on the challenges and tasks ahead for programmes to control diarrhoeal diseases. These programmes are currently active, with multi-donor support, in more than 100 countries.

10. The World Bank's World Development Report, 1993: Investing in Health, developed in close collaboration with WHO, provides yet another stimulus for coordination in the field of health and development. It echoes the themes from Agenda 21 on the interaction between poverty, environment, development and health, focusing on an analysis of the global burden of disease and the selection of cost-effective interventions for reducing that burden. It specifically identifies malaria and diarrhoeal diseases as priorities for national action and international support. It calls for increasing the investments being made in human development, including investments in research and development, through better allocation of national and international resources.

11. The impact of the World Development Report is illustrated by the follow-up actions taken by the international development community. In September 1993, three private foundations sponsored a meeting attended by several United Nations and bilateral development organizations at the Rockefeller Foundation facilities at Bellagio, Italy to consider actions needed to strengthen research and control related to global infectious diseases. In October 1993, the International Development Research Centre of Canada, the World Bank and WHO sponsored a

conference entitled "Future Partnership for the Acceleration of Health Development", which was attended by more than 150 people from developing countries, multilateral and bilateral development agencies, international organizations and foundations. The conference promoted consensus on the general conclusions of the World Development Report and discussed follow-up activities to help those conclusions to be translated into improved health and development investments at the country level. The World Bank and WHO are undertaking specific activities as a follow-up to that conference, as part of an ongoing process to promote health policy reform, to continue research on priority identification as recommended by the meeting at Bellagio and to promote increased and more effective investments in health development as recommended in the World Development Report.

12. Many other activities addressing broad issues relating to improved coordination of the United Nations system make specific reference to the problems of preventing and controlling malaria and diarrhoeal diseases. The Inter-Agency Steering Committee for Water Supply and Sanitation was initially established to coordinate the International Drinking Water Supply and Sanitation Decade (1981-1990) within the United Nations system. With the conclusion of the Decade, the Steering Committee was incorporated within the ACC Subcommittee on Water Resources as the official working group for drinking water supply and sanitation. In addition, the UNDP/World Bank Water and Sanitation Programme has been operating for over 10 years to develop improved methods of providing water supply and sanitation services to the poor and underserved through low-cost technologies and community approaches. The Programme, which collaborates with UNICEF and WHO, is active in over 40 countries and is financially supported by UNDP, the World Bank and some dozen bilateral development agencies. Another outcome of both the International Drinking Water Supply and Sanitation Decade and Agenda 21 is the Water Supply and Sanitation Collaborative Council, which was established in 1991 to act as a forum for water and sanitation practitioners from developing countries, United Nations organizations, bilateral development agencies, non-governmental organizations and the private sector. The Water Supply and Sanitation Collaborative Council increasingly acts as a link between official agencies and Governments needing water supply and sanitation assistance.

13. Other forums where consensus on mutually agreed-upon goals has been or will be reinforced include the 1991 Conference on Health Promotion and Supportive Environments for Health, sponsored by the Nordic Council of Ministers, UNEP and WHO; the 1992 Ministerial Conference on Malaria; the 1992 FAO/WHO International Conference on Nutrition; and the global conferences/summits concerned with population and development (1994), drinking-water and environmental sanitation (1994), women (1995), social development (1995) and human settlements (1996). The need to support sustainable human development and intersectoral strategies for doing so are emerging annually in UNDP's Human Development Report (which gives special emphasis to people-centred development, including education, health and an enhanced role for women), in UNICEF's report, The State of the World's Children (which in 1994 has placed special emphasis on breaking the spiral of mutually reinforcing effects of poverty, population growth and environmental deterioration) and in the World Bank's World Development Report. WHO will also shortly publish a new series of reports on health, emphasizing the

use of objective data for national decision-making and harmonization of priorities.

14. Each of the above activities helps to reinforce the "ethic of collaboration", which, as stated in the report of the Secretary-General (E/1993/68, para. 2), is needed to promote synergistic and complementary action by the organizations concerned.

15. The management structures of the Malaria and Diarrhoeal Disease Control Programmes of WHO are themselves designed to promote collaboration among United Nations agencies, bilateral development agencies and non-governmental organizations. Both Programmes call on a wide variety of external experts to advise on policies and strategies and efforts are made to involve representatives of organizations having the appropriate expertise. In addition, each Programme convenes an annual Meeting of Interested Parties to present the Programme and review follow-up actions from previous meetings, to discuss policies, strategies and resource requirements and to promote coordination among the resource-contributors, the representatives of developing countries and the WHO secretariat. These meetings provide a useful orientation for the participants and help to promote actions supporting the Programmes, which call on the comparative advantages of the various partners concerned.

Specific activities as a direct follow-up to the recommendations of the Economic and Social Council

16. The stimulus provided by the Economic and Social Council has led the Malaria and Diarrhoeal Diseases Control Programmes of WHO to enlarge the number of United Nations organizations invited to the Meetings of Interested Parties. In September 1993, for example, FAO, UNDP, the Office of the United Nations High Commissioner for Refugees (UNHCR), UNICEF and the World Bank were invited to attend the first Meeting of Interested Parties convened to discuss the global Malaria Control Programme. In 1994, additional invitations will be extended to the European Community, regional development banks, UNEP and UNESCO. The Diarrhoeal Diseases Control Programme will extend first-time invitations in 1994 to FAO, the Office of the United Nations Disaster Relief Coordinator (UNDRO), the United Nations Education, Scientific and Cultural Organization (UNESCO), the United Nations Industrial Development Organization (UNIDO), UNHCR and the World Food Programme (WFP).

17. In October 1993, in response to the recommendations contained in paragraphs 7, 8 and 11 of the agreed conclusions of the Council, WHO circulated copies of its policy and strategy documents relating to malaria and diarrhoeal diseases to the United Nations organizations contributing to the present report, asking for their endorsement and for their policy and strategy documents relevant to the prevention and control of these diseases.

18. In response to the circulation in October of the above policy and strategy documents, UNESCO endorsed the WHO Global Strategy for Malaria Control, which had been endorsed at the Ministerial Conference on Malaria in 1992. The Conference was attended by UNDP, UNICEF, the World Bank, the Commission of the European Communities and a number of other inter-governmental organizations, bilateral development agencies and non-governmental organizations. The Strategy

was endorsed by the World Health Assembly in May 1993. To date, some 25 malaria-endemic countries have used the Strategy as the basis for reorienting their national control programmes.

19. The recommendation contained in paragraph 8 of the agreed conclusions also made reference to the development of SPF-66, a new candidate malaria vaccine. Under the sponsorship of the UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR), trials of this vaccine are continuing. Preliminary results announced in February 1994 from a field trial in the United Republic of Tanzania confirmed that the vaccine induces a strong immune response without causing harmful side effects. Attention is now being turned to the vaccine's effect in preventing disease, with results expected by October 1994. Additional studies are being pursued in Colombia (where the vaccine was first developed), the Gambia and Thailand. TDR is also pursuing a number of other studies relating to the development of better methods of malaria prevention and treatment. Research is also an important component of diarrhoeal disease control programmes. This includes vaccine development, the development of better solutions for oral rehydration therapy (including solutions based on ingredients in common use in the home), and studies of knowledge, attitudes and practices relating to the prevention, diagnosis and treatment of diarrhoea. Unfortunately, in contrast to the call for increased funding for research mentioned in the recommendations contained in paragraphs 9 and 10 of the agreed conclusions, research managed by WHO relating to the prevention and control of malaria and diarrhoeal diseases is experiencing declining levels of support.

20. The document entitled "WHO guidance on formulation of national policy on the control of cholera" was also circulated in October 1993, and has been endorsed by FAO and UNESCO so far. When all agencies have had the opportunity to comment, efforts will be made to issue these guidelines as a commonly agreed policy of the United Nations agencies concerned.

21. While the activities discussed below respond to the Council's conclusions and recommendations and in a number of cases may have been specifically stimulated by them, they also relate to ongoing activities of the organizations concerned.

22. FAO, the United Nations Environment Programme (UNEP), the United Nations Centre for Human Settlements (Habitat) and WHO participate in the Panel of Experts on Environmental Management for Vector Control (PEEM). PEEM participated in a three-day seminar on Tropical Diseases, Society and Environment, sponsored by the Swedish Agency for Research Cooperation with Developing Countries (SAREC) and TDR, held in August and September 1993, a major concern being how re-forestation could be accomplished without increasing the risk of malaria transmission. PEEM also participated in a WHO study group on vector control for malaria and other mosquito-borne diseases in November 1993.

23. Through the Codex Alimentarius Commission, FAO and WHO collaborate in the elaboration of codes of hygienic practice and food standards. Jointly with the International Atomic Energy Agency (IAEA) and FAO, WHO has reviewed and assessed the safety and nutritional adequacy of food irradiation. It collaborates with both agencies in the implementation of IAEA General Conference resolution 588 on the practical utilization of food irradiation in developing countries.

24. In January 1994, UNESCO, in cooperation with WHO, convened in Paris a meeting of experts on combating malaria. Participants shared research results and information on malaria control and identified avenues for cooperation between UNESCO, WHO and other organizations concerned. It was noted that there is certainly scope for school participation in community malaria control through health education and promotion of personal protection, early diagnosis and environmental improvements to reduce mosquito breeding. It was suggested that UNESCO could sponsor short-term fellowships for nationals involved in malaria research and control to strengthen country capacity-building, especially in Africa. Through its education, social science and communication sectors, UNESCO could provide assistance in the development of appropriate teaching and health education materials promoting prevention, community-based vector control and early diagnosis; in targeting non-formal education programmes integrating messages on malaria and diarrhoeal disease prevention and control to high-risk groups in endemic areas (such as women and school-age children); and in exploring innovative mechanisms of community mobilization for malaria control and in using low-cost media for more general health promotion.

25. In February 1994, the heads of UNDP, UNICEF and WHO, along with representatives of the World Bank, the Rockefeller Foundation and several bilateral and multilateral development agencies, met in New Delhi with ministers of health and other representatives of some 15 developing countries to consider ways of integrating health services and the contributions of these services to achieving the mid-decade goals endorsed by the World Summit for Children (see para. 8 above). The meeting was preceded by field visits to health services in a number of different areas in India. The prevention and control of diarrhoeal diseases were specifically addressed, both as an element of the goals and as an important component, along with malaria, of providing an integrated response to the care of the sick child.

26. The meeting was sponsored by the Task Force for Child Survival and Development, which is composed of UNDP, UNICEF, the World Bank, WHO and the Rockefeller Foundation. The Task Force was established in 1984, and, through quarterly meetings of its members as well as through international meetings held every two or three years, has contributed to coordination among these organizations as well as with national Governments and other international development partners.

27. In the recommendation contained in paragraph 16 of its agreed conclusions, the Council emphasized the importance of education, including the use of the mass media. The importance of women in preventing and ensuring early treatment for malaria and diarrhoeal diseases has been repeatedly emphasized, as has the toll that malaria takes on women, especially during a first or second pregnancy. The World Development Report identified expanded education, especially for women, as part of a strategy for fostering an environment that enables households to improve their own health. This echoes the call from the World Summit for Children to achieve by the year 2000 "universal access to primary education with special emphasis for girls and accelerated literacy programmes for women" (A/45/625, annex, appendix, sect. II), itself spurred by the World Bank, UNDP, UNESCO and the UNICEF-sponsored World Conference on Education for All in 1990. Themes considered by the forthcoming global conferences/summits on

population and development, women, and social development (see para. 13 above) will emphasize the importance of the woman in her own right and as a partner in social and economic development. The education of girls and women stands as a high priority for the United Nations system. Other examples of activities related to education are provided below.

28. Educating the consumer and all those involved in the food handling and processing chain in proper hygienic and manufacturing processes is an important aspect of the FAO technical assistance programme with member countries, frequently carried out in collaboration with WHO. Training courses, workshops and seminars have been organized in Africa, Asia and Latin America and the Caribbean with the objective of preventing food spoilage and microbial contamination and reducing the risk of diarrhoeal diseases, particularly among the poor segments of the population in rural and peri-urban areas. Special video training programmes to educate street food vendors and special consumer educational campaigns (radio and television) have been designed with the technical assistance of FAO. FAO has also collaborated with national authorities in Guatemala, Peru and the Philippines in the review of the safety of foods sold to primary schoolchildren, including "street foods", as part of the strategy to reduce the risk of diarrhoeal diseases.

29. There is concern that the role of food quality and safety in the prevention of diarrhoeal diseases, including cholera is not sufficiently appreciated. This results in food quality and safety efforts receiving a low priority within many programmes concerned with agriculture, education and health. There is also fragmentation of food quality and safety responsibilities within ministries of health and other ministries, which results in lack of coordination and communication. The current cholera pandemic is providing a stimulus for remedying these difficulties, although much remains to be done.

30. UNESCO fully supports the need for intersectoral cooperation in the context of more comprehensive programming that promotes primary health care. This approach can respond to the basic needs of people in under-served areas and give attention to priority health problems, including malaria and diarrhoeal diseases, that are associated with conditions of poverty and the lack of basic amenities such as safe water and sanitation.

31. Further to the meeting on combating malaria (see para. 24 above), UNESCO and WHO have developed a joint project which aims at involving the educational sector and educational personnel in malaria prevention and control, especially at the local level. Through community-based interdisciplinary assessments, an educational methodology will be developed which will guide relevant and culture-specific formal and non-formal education for health, responding to local conditions and needs, especially in socio-economically deprived areas of Africa, and supporting existing malaria control strategies at the national and local levels.

32. Further to the recommendations of the General Conference of UNESCO at its twenty-seventh session, in October 1993, the organization's health and nutrition-related activities concerning schoolchildren are being clustered and synchronized with the work of other specialized agencies such as FAO and WHO. UNESCO considers that initiatives to improve the health and nutrition of

school-age children can help to consolidate human development efforts and lay a foundation for future human resource development efforts. In the coming months, UNESCO will identify countries and groups of countries in which it can participate with other United Nations organizations in field-based activities to address concerns and issues relating to malaria, diarrhoeal diseases and other health and nutrition problems affecting school-age children. In policy terms, addressing the health and nutrition problems of school-age populations is not only important for the general well-being of this group, but central to the struggle to democratize access to and participation in primary education, for both girls and boys.

33. Since 1992, UNESCO has been reviewing the environmental health conditions in primary schools in depressed rural and urban areas of Africa and Asia to complement its field research in rural schools in Africa (ongoing since 1989). It is already clear that many of these schools suffer because of the complete absence or the abysmal condition of basic amenities such as water and sanitary facilities, contributing to under-nutrition and the spread of disease. Ill-health and under-nutrition are important underlying factors for low school enrolment, absenteeism, poor classroom performance and early school dropout.

34. UNICEF and WHO are collaborating in disseminating food safety messages essential for the prevention of cholera and other diarrhoeal diseases. These organizations are also planning to convene a workshop on fermentation as a low-cost household technology for reducing contamination and preventing diarrhoea, and a major consultation on the safety of weaning foods to promote strategies for preventing diarrhoea among infants and young children. WHO has developed a training manual for the education of primary health workers and nutritionists to promote hygienic handling of food at the household level. In collaboration with UNICEF, WHO has also developed methodologies for selecting those behaviours which are critical to the prevention of contaminated food; these have been field-tested in Asia and Latin America.

35. In view of the high risk of food-borne diarrhoea for travellers, WHO collaborates with the World Tourism Organization in the prevention of traveller's diarrhoea. Regional conferences on food safety and tourism were held in 1991 in Tunisia, for Africa and the Mediterranean, and in 1992 in Mexico for Latin America. The latter meeting was organized with the collaboration of FAO. WHO and the World Tourism Organization are also collaborating in educating professional food-handlers in food service establishments and in educating travellers to avoid foods which may present a high risk of contamination.

36. In the recommendation contained in paragraph 17 of its agreed conclusions, the Council addressed the issue of ensuring the compatibility of the health and management information systems of the United Nations, noting that support for the development and implementation of appropriate information systems, such as improved disease surveillance, including early warning systems for epidemics, should be provided as an integral part of strengthening health services.

37. Coordination of monitoring activities is being pursued at the global level by UNICEF and WHO. With respect to malaria, joint efforts are focusing on strengthening local capabilities for disease surveillance. The prediction of epidemics is one of the main activities of the health services in all

epidemic-prone areas, which include highlands, desert fringes, forest areas attracting agricultural activities, mining areas and areas subjected to socio-political unrest, natural disasters and the movement of displaced or refugee populations. UNICEF participated in meetings of WHO Regional Working Groups on Malaria Control convened in March 1993 in Brazzaville and New Delhi, where a number of standard indicators to facilitate the forecasting and early detection of epidemics were developed and endorsed. In September 1993, UNICEF participated in a WHO-sponsored meeting in Burundi with programme managers from seven francophone African countries to define indicators for national malaria control programmes. Of particular importance was the recommendation that African countries monitor the speed of their health information systems to ensure a rapid and effective response to potential malaria epidemics. The same recommendation is applicable to the surveillance of cholera and dysentery epidemics.

38. With respect to diarrhoeal diseases, after a process of field experience and analysis, UNICEF and WHO have agreed on four key indicators to measure progress in the control of diarrhoeal diseases, and have developed household and health facility surveys to measure them. The indicators relate to the adequacy of the knowledge of mothers, the proportion of the population with access to oral rehydration salts and the proportion of children with diarrhoea who are receiving adequate treatment (at home and in health facilities).

39. WHO, with the International Development Research Centre of Canada, is developing geographical information systems for control and monitoring of diseases, and supports countries in developing national applications. In Botswana, for example, priority has been given to malaria, diarrhoeal diseases and schistosomiasis. The project emphasizes training and technology transfer and focuses on strengthening local, provincial and national capacities to collect and use multisectoral information in decision-making.

40. UNICEF and WHO have also evolved a set of standard indicators which countries can use to assess their progress towards other health goals, such as those endorsed by the 1990 World Summit for Children and those included in WHO's Global Strategy for Health for All by the Year 2000.

41. In paragraph 18 of its agreed conclusions, the Council recommended that strategies for the development of human resources take explicit account of the technical expertise required for preventing and controlling malaria and diarrhoeal diseases. WHO has developed the technical materials required for this, and is collaborating with a variety of other partners (including FAO and UNESCO, see paras. 31 and 32 above) to strengthen national capacities in this regard.

42. WHO, in close collaboration with the European Community and UNDP has initiated the "Managing Tropical Diseases through Education and Understanding" (MANTEAU) project for producing the technical materials required for national capacity-building with respect to malaria control. In Uganda, the project sponsored a multisectoral consultation, which has resulted in the mobilization of support to strengthen national managerial capacities, with emphasis on training, supervision, and information system development.

43. A major need has emerged with respect to training of health staff in the control of diarrhoeal diseases and cholera in the Central Asian republics (Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan) and Kazakhstan. UNICEF and WHO developed a joint support plan for 1992-1993 which stressed the development of national managerial and technical capacities. More recently, UNDP joined in support of those training activities.

44. UNIDO has established new priorities for its technical cooperation programmes in developing countries. In addition to its traditional technical assistance projects in relation to the pharmaceutical industry, priorities which directly relate to the prevention and control of malaria and diarrhoeal diseases include quinine, chloroquine phosphate and artemisinine as anti-malarial drugs; antibiotics, oral rehydration salts and large volume parenterals; pesticides/bio-pesticides; and safe water.

Coordination activities with a specific regional focus

45. A variety of coordination efforts have had a specific regional focus. In the face of the recent cholera epidemic, FAO and WHO/PAHO have worked intensively in the region of the Americas to prevent and control the spread of diarrhoeal diseases, including cholera, to develop regional strategies to coordinate interventions and promote the exchange of information on the magnitude of the problem, the location of the people affected and on actions taken to improve the situation. These actions have emphasized food safety, hygienic food handling, particularly at the household level, and water quality. Training manuals and videos on food hygiene have been prepared by FAO for the training of food inspectors and food vendors. FAO, PAHO and the United States (the Centers for Disease Control and Prevention, the Food and Drug Administration and USAID) participate in a regional project for English-speaking Caribbean countries. As part of this, FAO organized a training course on Food Microbiology in Trinidad and Tobago in January 1994.

46. Southern Africa has been a focus of cholera and dysentery prevention and control efforts, undertaken within the efforts directed towards alleviating the larger problems precipitated by drought. UNICEF, UNDP and WHO coordinated the preparation of the health section of the Drought Emergency in South Africa appeal, which included guidelines on cholera epidemic preparedness. In October 1993, UNDP, UNICEF, UNHCR, WHO, the International Committee of the Red Cross and the International Federation of Red Cross and Red Crescent Societies planned their joint actions for future emergencies in southern Africa, including their responses to cholera and dysentery epidemics. UNHCR and WHO jointly reviewed the epidemic situation in refugee camps. Collaboration among the United Nations agencies to address these drought-related problems has been excellent.

47. In 1993, a cooperative activity to develop and test participatory tools for hygiene education was begun in East Africa. This involves the UNDP/World Bank Water and Sanitation Programme, UNICEF and WHO, which plan to issue jointly a training of trainers manual and a set of graphic materials following testing of the materials in four African countries and a workshop in Zimbabwe in May 1994.

48. UNICEF and WHO have promoted the use and local production of oral rehydration salts (ORS) for many years, creating a joint post for an industrial engineer in 1981. Progress in local production, in part through UNIDO support, has been rapid in Asia and Latin America, but in Africa, most of the ORS is imported. In 1993, UNIDO developed a programme concept for the Integrated Development Programme for the Local Production of Health Sector Inputs for the African Region. In November 1993, WHO and UNICEF agreed with UNIDO to start collaboration on ORS production in Nigeria as a part of this UNIDO initiative.

49. With UNEP support, FAO, Habitat and WHO have joined efforts to promote the safe use of waste-water and excreta in agriculture in arid and semi-arid regions where poor populations live. Workshops on waste-water use have been held in the Eastern Mediterranean and Western Pacific regions and in Latin America and are planned for Africa and South-East Asia. FAO collaborated with the Government of Chile in the implementation of a project to control the quality of waste-water used in agriculture around the city of Santiago. A similar project is planned for the Central American countries. In addition, FAO, in collaboration with the Mediterranean Action Plan of UNEP, is vigorously promoting the safe use of treated municipal effluents in agriculture and agro-forestry in the Near East and Mediterranean countries. The Regional Office for the Near East of FAO has recently published a series of information bulletins on this subject, specially designed for extension workers, farmers and the general public.

50. In the Eastern Mediterranean Region, an action-oriented school health curriculum has been developed jointly by the Islamic Education Scientific and Cultural Organization, UNESCO, UNICEF and WHO for use in primary schools. This includes a teacher's guide, a teacher's resource book and a national guide. Bahrain, Egypt, Jordan, Morocco and the Sudan are already using the curriculum, while 12 other countries are in the process of introducing it.

51. The misfortunes of civil disruption have placed a premium on coordination among United Nations organizations in controlling malaria, especially in such countries as Afghanistan, Iraq and Somalia. Close coordination of diarrhoeal disease control activities is being maintained in Pakistan between the government, UNICEF, USAID and WHO and in Egypt between the Government, UNICEF and WHO. In response to recent cholera epidemics, WHO representatives in Afghanistan, Djibouti, the Islamic Republic of Iran, Somalia and Yemen organized coordination meetings with other United Nations organizations and succeeded in mobilizing resources for their control.

52. Malaria and diarrhoeal diseases, including cholera, remain major public health problems in the regions of South-East Asia and the Western Pacific. Foci of multi-drug resistant falciparum malaria are found from Myanmar in the west to Viet Nam in the east. Bangladesh and India are among the countries where cholera is endemic. UNDP and the World Bank are the major contributors of external resources to address these problems, with support from UNICEF and WHO, as well as from several major bilateral development agencies. WHO has the lead role in providing technical expertise and guidance, while other contributors are the major sources of financial and operational support. FAO is active in a number of these countries in promoting safer technologies of food preparation, especially for "street foods". A leading regional research institution is the International Centre for Diarrhoeal Disease Research, Bangladesh (see para. 62

below). Additional financial and human resources are needed in the South-East Asia and Western Pacific regions to strengthen collaborative efforts between countries and between agencies in controlling these diseases and to support capacity-building through training, programme reviews and operational research.

B. Country level

53. In the recommendations contained in paragraphs 12 to 14 of its agreed conclusions, the Council highlighted the country as the most important focus for coordination, and urged that both country and United Nations organization mechanisms for coordination be strengthened, to include coordination with non-governmental organizations and with the private sector. Examples of activities at the country level are given below; they are not intended to provide a comprehensive review of all such activities.

54. The joint FAO/WHO International Conference on Nutrition, which also received support from UNDP and other organizations, had recommended the creation, at the country level, of intersectoral coordination mechanisms to ensure the concerted implementation, monitoring and evaluation of policies, plans and programmes. It also emphasized participation of the community in all aspects of planning and execution of nutrition and food safety activities. As a follow-up to the Conference, FAO and WHO are cooperating with countries (45 in 1993) to develop their national plans of action for nutrition, focusing on intersectoral coordination and collaboration. In southern Africa, UNICEF and WHO are starting to collaborate on educating health workers in food safety. A manual for training health workers is being developed.

55. The Panel of Experts on Environmental Management for Vector Control (PEEM) promotes an inter-agency and interdisciplinary approach to environmentally safe techniques to control water-borne disease, including malaria. It has had recent activities in Benin (National Seminar on Agricultural Development and Health, November 1993), Bangladesh (mission concerning WHO's Healthy Cities programme, October 1993), Mexico (participation in one of three planned regional workshops on the health aspects of waste-water use for irrigation, October 1993) and Kenya (participation in a UNEP training course on eutrophication of reservoirs in Africa, October 1993). Preparatory missions for the twelfth PEEM technical discussions on incorporating a health component into integrated river basin development and management were organized in the Lao People's Democratic Republic, Thailand and Viet Nam (for the lower Mekong Basin) in November 1993 and in Lesotho, Mozambique, Zambia and Zimbabwe (for the Zambesi Basin) early in 1994.

56. A more recent United Nations system initiative, led by FAO in collaboration with the above organizations, is the International Action Programme on Water and Sustainable Agricultural Development (IAP-WASAD) which, among other things, has identified water-related health issues as a priority area for action. Programmes and projects are being formulated on water-borne diseases for implementation in a number of countries. In addition, a Technical Consultation on Integrated Rural Water Management was held in March 1993 involving a number of United Nations organizations. The consultation has recommended a number of

country-level actions to promote rural health with particular reference to the provision of safe drinking water and sanitation to the rural poor.

57. Under this initiative FAO is in the process of completing case-studies in the United Republic of Tanzania and Zimbabwe on country-level collaboration in water resources development and its relation to risk of diseases, including malaria and diarrhoeal diseases. Initial results point to lack of sufficient within-country consultation, a problem in part related to the failure to take explicit account of health risks in the planning phases of these projects and in part related to weak capacities of ministries of health to contribute to the discussions of potential health risks and the means to reduce them. However, despite the problems, considerable progress has been made in a number of areas. Sensitivity to the need to incorporate health concerns in development projects is increasing and measures are available which in many instances can contribute to the healthy development of water resources at an affordable cost.

58. The UNDP resident representative plays the leading United Nations coordination role at the country level, a role enhanced by the fact that the resident representative also serves as the representative of the Secretary-General in coordinating the development activities of the United Nations system. The Administrator of UNDP has indicated his commitment to further strengthening the coordination and advocacy roles of UNDP at the country level (for an example of positive action in this regard, see para. 8 above). UNDP is to emphasize issues related to equity, poverty alleviation, job-led growth, sustainable food security and education for all, with special emphasis on girls and women. Its actions are intended to set a broad context in which development actions taken by many other partners are facilitated, all as contributions to sustainable human development. These orientations strongly support the more specific concerns of those addressing the problems of malaria and diarrhoeal diseases and will be helpful in moving the world agenda for development forward.

59. UNDP is providing some US$ 1.8 million for an 18-month project executed by WHO to support government malaria control activities in Myanmar, where malaria is a leading cause of morbidity and mortality. This focuses on disease management, disease prevention, epidemic control and programme management.

60. UNIDO activities at the country level include a project in the Syrian Arab Republic, implemented in 1993 with WHO, on the integrated development of the national pharmaceutical industry, a 1993 updating of a previous World Bank report on the rehabilitation of a chinchona plantation, improvement of pilot production of quinine salts in Guinea, and, with UNDP, promoting the Pharmaceutical Technology Service Centre in Thailand, which provides consultant services to more than 150 local companies in establishing compliance with Good Manufacturing Processes.

61. Communication and health education activities are an important component of coordination activities at the country level, as referred to in the recommendation contained in paragraph 16 of the Council's agreed conclusions. UNICEF and WHO intensified their support to the Government of Egypt when, in 1992, at the end of USAID support, there was a reduction in communication activities relating to the national diarrhoeal diseases control programme. A

revised communication strategy was developed on the basis of field studies, and new television spots are currently being aired on the prevention and treatment of diarrhoea. Training activities have increased the emphasis placed on teaching health workers to communicate more effectively with mothers.

62. Bangladesh is the focus of a number of collaborative activities:

(a) Research conducted by the International Centre for Diarrhoeal Disease Research, Bangladesh, where oral rehydration therapy was first introduced (the Centre was then known as the Cholera Research Laboratory), continues to provide important insights into the prevention and treatment of diarrhoeal diseases, including cholera. The Centre receives broad support from the international community, including UNDP, UNICEF, WHO and bilateral development agencies, in addition to strong support from the Government of Bangladesh. Experts from the Centre have been used by WHO and others to advise other countries, including those in South America;

(b) External support to the national diarrhoeal diseases control programme is mainly provided by UNICEF, the World Bank and WHO, with WHO acting as the executing agency for the diarrhoeal diseases component of the Bank's Fourth Population and Health Project;

(c) UNICEF, the World Bank and WHO are also collaborating in strengthening teaching related to diarrhoeal diseases in medical schools in collaboration with the Government and medical school staff. Workshops for teachers are being held in 1994;

(d) In the field of communications, UNICEF, WHO and USAID are collaborating in testing a field guide for making effective use of radio in support of diarrhoeal diseases control. The objective is to reach families that do not come to health facilities, and to reinforce the messages which health workers give about prevention and home case management;

(e) Within the World Bank's Fourth Population and Health Project, support is being provided to the integrated control of vector-borne diseases, targeted at controlling malaria, kala-azar, filariasis and dengue. This project is being implemented by WHO.

63. UNICEF and WHO are planning to collaborate in a trial of different strategies for protecting pregnant women against malaria in Kenya, to be conducted by national staff with support from the United States Centers for Disease Control and Prevention.

64. A UNICEF, WFP and WHO collaborative activity in Mauritius aims at supporting the Ministry of Health in improving the health of pre-primary and primary schoolchildren through a de-worming programme. The focus is on both short-term efforts (chemotherapy for de-worming and food supplementation) and long-term efforts (improved water supply and sanitation) in the district of Rodrigues. Each partner is providing complementary support according to its comparative advantages. Evaluation has revealed a significant impact on the prevalence of worms and suggests a reduction in the intensity of worm transmission.

65. Cholera and diarrhoea have provided the stimulus for coordination in a number of countries. In Africa, in response to an epidemic of dysentery in Burundi in 1993, the Ministry of Health established a Permanent Operational Cell and, with WHO support, organized a committee which includes UNDP, UNICEF, WHO and the World Bank as well as the Economic Commission for Europe, Coopération Belge and Coopération française to coordinate control activities. The committee met weekly on WHO premises and succeeded in mobilizing the resources required to control the epidemic in accordance with the national plan, including the provision of nalidixic acid (required to treat the shigella organism causing the epidemic, which was resistant to the standard antibiotics available in Burundi) and soap for personal hygiene. A surveillance system to monitor shigella susceptibility to nalidixic acid was established and mass education activities were carried out to promote frequent hand washing with soap and hygienic storage of drinking water at home.

66. UNDP, UNICEF, WHO, Belgium, France and Médecins sans frontières (MSF) provided coordinated support to the Ministry of Health of Rwanda in response to the desperate situation of internally displaced persons early in 1993. They addressed problems which included malnutrition, dysentery and a malaria epidemic. The latter was successfully controlled through house-spraying and treatment of fever cases. UNICEF, Belgium and France ensured supplies, MSF provided services and WHO provided technical guidance.

67. At the request of the Ministry of Health, UNDP, UNICEF, UNHCR and WHO have formed a coordination group to address the outbreak of cholera and dysentery in Zimbabwe. Activities included coordination of the procurement and distribution of supplies and the exchange of epidemiological information. UNDP and WHO supported the Ministry in the organization of a donors coordination meeting to raise funds for cholera control.

68. Similar coordination is taking place in a number of countries in the region of the Americas. In Latin America and the Caribbean, FAO and PAHO have collaborated with national authorities in efforts to control the cholera epidemic. In Belize, FAO has been assisting the Government to control cholera by providing training in the management of street food control, street food inspection and food microbiology. This complements the support being provided by PAHO in the fields of sanitation and treatment of patients. In Bolivia, the Inter-American Development Bank, UNICEF, the World Bank, WHO/PAHO and USAID participate in an inter-agency committee which supports the Government's Emergency National Campaign on Diarrhoea and Cholera. Coordinated support is provided for training in case management, epidemiological surveillance and weekly reporting of cases, strengthening of community oral rehydration units and the use of the mass media for social communication. FAO also provided technical assistance to Bolivia on the control of street foods as part of the strategy to prevent the spread of cholera. Similar projects implemented by FAO in Central America, Ecuador, Colombia and Peru were concluded during the first part of 1994. In Ecuador and Guatemala, FAO and PAHO representatives are permanent members of and advisers to national commissions dealing with food protection. In Uruguay, a joint FAO/PAHO Workshop on Control of Street Food was held in May 1994, which reviewed experience gained in recent years in controlling the safety of food offered by the informal sector.

69. In Peru, an Inter-Agency Coordinating Committee meets monthly to support the National Action Plan for Children. Agencies involved include FAO, the United Nations Population Fund (UNFPA), UNICEF, WFP, WHO/PAHO, the Inter-American Development Bank and USAID. The focus of support is well defined for each agency. WHO/PAHO provides technical guidelines, training materials and evaluation guides, as well as support for the training of health facility staff in programme management and the clinical management of diarrhoea and cholera. It also supports strengthening medical and nursing school teaching about these diseases. UNICEF supports the local production of oral rehydration salts and, with WFP, supports the establishment of community oral rehydration units and communication activities, including the training of community health workers and social communicators. FAO and WFP collaborate in food safety activities. The Inter-Agency Coordinating Committee has prepared a joint plan of action for the biennium 1994-1995.

70. Paragraphs 66-69 above, as well as paragraphs 9, 12, 25 and 26, respond to the concern expressed by the Council in the recommendation contained in paragraph 14 of its agreed conclusions that better coordination among bilateral donors and between bilateral donors and the United Nations system is essential. The many references to the issues noted by the Council in the recommendation contained in paragraph 5 (improving national capacity-building, food safety, nutrition, drinking water and sanitation, hygiene and education, especially of women) testify to the priority being attached to them by the organizations contributing to the present report. The above examples testify to the many instances in which coordination of the United Nations system, and coordination between the system and bilateral donors, is working well at the country level. These efforts are guided by the objective of providing efficient and effective support to national development.

II. PROBLEMS OF IMPLEMENTATION

A. Global and regional levels

71. In the recommendation contained in paragraph 19 of its agreed conclusions, the Council requested that the report on the implementation of the Council's recommendations specify goals, work-plans and time-frames and resource needs for achieving them. It has not been possible to meet that request in the time available for the preparation of the present report, and the experience gained so far in following up the recommendation suggests that this will remain a challenge. The most important site of action is at the country level and the most important actors are in the country itself. While national health development plans of action are being reviewed at the global level, much additional time and effort would be required to extract from each plan information on the additional resources needed from each of the many collaborating partners. The country strategy notes may provide a useful means of addressing this issue further.

72. In the meantime, work at the global level has been progressing. The follow-up work on Agenda 21 by the Commission on Sustainable Development provides one example; the mid-decade and year 2000 goals derived from the World Summit for Children and the analysis and recommendations contained in the World

Development Report, 1993: Investing in Health, in the report on The State of the World's Children and in the Human Development Report are other examples. WHO continues the process begun over a decade ago to monitor progress in achieving its goal of Health For All by the Year 2000, and uses its three-year progress reports as a basis for refining its goals and strategies in collaboration with other partners to better support its member States. Dialogue has been started between UNESCO and WHO to reinforce educational support in formal, non-formal and adult education programmes for the prevention and control of malaria and diarrhoeal diseases (see paras. 24, 31 and 32 above).

73. WHO has evolved action plans for the prevention and control of malaria and diarrhoeal diseases in collaboration with other United Nations organizations and other development partners, including non-governmental organizations and the private sector. The major efforts of WHO have been directed towards reinforcing the support for these plans, while continuing to develop them in response to the evolving challenges presented by malaria and diarrhoeal diseases. The plans provide a common base for technical understanding, which facilitates the development of national plans of action and the support of outside partners for those plans. WHO is also collaborating with other United Nations organizations in supporting their initiatives relating to their special fields of expertise, as reflected in the examples of FAO, UNESCO and UNIDO in paragraphs 28, 31 and 48 above.

74. The work of coordination remains difficult, however, particularly when intersectoral issues are addressed. In its annual report for 1992/93, PEEM has observed that while most of the agencies have redefined their objectives to include principles of sustainable development, their internal structures remain generally sector-oriented and appraisal procedures for proposals for intersectoral action of multidisciplinary research are not functioning adequately. It points out that resources newly earmarked for environmental issues tend to be channelled to activities related to climate change, ozone-layer depletion, biodiversity, desertification and the environmental protection of fresh water resources, and that, so far, the health dimension of environmental change appears to take a back seat in this context. It further points out that the overall level of resources available for technical cooperation with developing countries is affected by the need to increasingly support humanitarian aid and peace-keeping operations. PEEM is of the view that support for multidisciplinary research on the interface between health and agriculture is hampered by the fact that (a) both sectors are already perceived as receiving substantial research funding separately through the Consultative Group on International Agricultural Research (CGIAR) and TDR programmes; (b) as support for CGIAR decreases, directors-general of the CGIAR institutes are forced to focus on core research at the expense of research on cross-sectoral issues; and (c) technical cooperation has a higher priority than research.

75. One lesson learned from the PEEM experience is that effective coordinated action is promoted by well-designed scopes of work for inter-agency collaboration and a clear designation of the responsible divisions/programmes within each agency.

B. Country level

76. A number of mechanisms for strengthening national capacities to coordinate outside inputs as well as for strengthening the coordination of the United Nations system within countries and the coordination of the United Nations system with bilateral and other multilateral partners have been proposed (see document E/1993/68 and the recommendation contained in paragraph 12 of the Council's agreed conclusions). It is recognized not only that the country is the most important focus for coordination, but also that most of the significant problems relating to lack of coordination manifest themselves at that level. While efforts are being continued to strengthen mechanisms such as country inter-agency coordinating groups and to use country strategy notes to facilitate outside support for national plans, these mechanisms have yet to emerge as a dominant approach for addressing country coordination matters.

77. One well-known management expert has indicated that, so long as people agree on goals, it does not matter very much how they are organized. And, if people do not agree on goals, it does not matter very much how they are organized. This perhaps provides a clue to further improving country-level coordination. The specific recommendations which have been provided by the Economic and Social Council will help to further promote coordination, but these specific efforts can be expected to be most successful when there is also an "ethic of coordination" held by all partners in common.

78. The International Labour Organization (ILO) has promoted social health insurance as a powerful mechanism to improve the quality of and access to health care while providing consumers with incentives to recognize their own responsibilities in maintaining good health. Yet the ILO experience echoes that of others: what is most often visible and popular in such systems is curative care, including hospitals and health centres. Preventive services, including those critical to the prevention and control of malaria and diarrhoeal diseases, are less visible and difficult to support adequately.

79. Problems cited in a number of countries relate to different external agencies pursuing disease prevention and control strategies at the country level which differ from those supported by the Government, and which differ from each other. This problem is particularly troublesome in emergencies, when the time for consultation is short, but is certainly not limited to emergencies. Further strengthening of government coordination efforts, supported by the United Nations system, is seen as a continuing need. In both long-term and emergency situations, development partners should reach consensus with the Government about how each can use its comparative advantages to best address the problems at hand. For emergencies, this can only be accomplished realistically through emergency preparedness, for which outside development partners should devote sufficient resources, particularly as these investments can reap substantial savings in both lives and costs when an emergency occurs.

III. CONCLUDING OBSERVATIONS

80. In the recommendations contained in paragraphs 20 and 21 of its agreed conclusions, the Council called attention to the need to facilitate better coordination of United Nations organizations in supporting countries in addressing other national health priorities, especially those relating to health and development. As indicated in the present report, substantial efforts are being invested in coordinating the activities of the United Nations system in the fight against malaria and diarrhoeal diseases. Improving coordination remains a continuing challenge and needs to be continuously monitored and nurtured at all levels of the United Nations system and supported by countries.

81. The efforts of the United Nations system to improve coordination are sometimes complicated by differences in cultures and attitudes, however. The view of the role of women in society provides one such example. This view exerts a profound influence on the strategies which can be implemented to promote health and human development, including the strategies specifically aimed at the prevention and control of malaria and diarrhoeal diseases. The success of the United Nations system in coordinating its own efforts will be a critical factor in surmounting these cultural differences in order to find solutions permitting further harmonious evolution of world society and appropriate ways of promoting the health of individuals and communities.

82. The difficulties in fully responding to the recommendation contained in paragraph 19 of the agreed conclusions relating to the specification of goals, work-plans and time-frames and resource needs for achieving them were noted in paragraphs 71-75 above. Progress has been made, however, and work on joint plans of action will continue. This will be facilitated by the general actions being pursued within the United Nations system to promote coordination, themselves stimulated by the increasing recognition of the benefits for all concerned of ensuring that the comparative advantages of each organization are brought to bear appropriately on the problem(s) at hand.

83. While it is recognized that the recommendations contained in paragraphs 19 to 21 of the agreed conclusions, the Council's other recommendations and the recommendations contained in the report of the Secretary-General submitted to the Council in 1993 (E/1993/68) are of continuing relevance, the observations set out below address seven broader issues.

84. First, there is a need to further reinforce consensus within the United Nations system on specific priorities. Much has been achieved in recent years in providing a world vision of broad development needs, and, while efforts need to be continued to share that vision widely, including the vision of an "ethic of collaboration", further emphasis is needed to translate that vision into specific actions. Effective coordination depends on identifying the specific ways in which each partner can identify with and contribute to the general priorities agreed upon. William Blake has perhaps said it best: "He who would do good must do it in minute particulars; general good is the plea of the scoundrel, hypocrite and flatterer."

85. Second, the number of priorities must be limited. Consensus is one of the most powerful forces available to effect change. In the health field, the

extraordinary success in the past decade of the Expanded Programme on Immunization has largely been the result of the consensus by the major actors that the immunization of the world's children was something that could and should be done. As the development agenda is broadened, and as more intersectoral coordination is required for success, it becomes increasingly difficult to obtain the degree of consensus needed to achieve rapid progress.

86. This limitation of priorities does not imply that the United Nations system, as well as the many other partners in development, should not remain concerned with and involved in the bewildering complexity of other relevant issues which influence the world's evolution. Many constituencies of varying size now address these problems, each forming partnerships with others as the issue at hand requires additional, or a different spectrum of, resources. These many constituencies are needed. Yet the United Nations system, as well as the broader development community, cannot all address each problem. If the power of broad consensus is to be used to promote global action, a strictly focused agenda is called for.

87. Third, goals and targets are important and act in synergy with the systems on which they depend. Systems are required for sustainability. Goals and targets are needed for efficiency and for advocacy. They provide an objective gauge of performance, and a stimulus for adjusting strategies as needed. They are important for intersectoral coordination in giving each sector a means of monitoring how its actions are contributing to the overall goal. And they are important in providing countries and outside resource contributors with the ability to monitor outcomes and to document that they are achieving "value for money".

88. Fourth, the limited set of priorities, each with goals and targets, should evolve as world capacities evolve. They should not be changed too rapidly, however, as it may take several years for the degree of consensus needed to effect change to evolve. Consensus-building is still continuing with respect to the priorities identified in the World Summit for Children and Agenda 21 and further highlighted in the World Development Report, 1993: Investing in Health. This consensus-building needs to continue in the context of the other global conferences and summits which are to take place in the next few years. Each will have its own special theme. But each should also promote further agreement on goals already adopted. It is in the context of these broader themes that the prevention and control of malaria and diarrhoeal diseases should be addressed.

89. Fifth, while better use of available resources is certainly needed, additional resources are required to accelerate development efforts, especially in the least developed countries. They must come from a reordering of national priorities to make sustainable human development a primary concern of all Governments of the world. Rather than reducing the share of official development assistance and national expenditures devoted broadly to human development, as has been the case during the past decade or so, that proportion should be increased. The United Nations system should consider providing strong advocacy for increasing those investments.

90. Sixth, development efforts will not be successful as long as the resources required for development are compromised in order to meet emergency humanitarian

needs, as reflected in the recommendation contained in paragraph 15 of the Council's agreed conclusions. This represents, of course, a vicious circle. Sustainable human development is the means and long-term solution to world peace and prosperity. Yet emergencies must be addressed. Adequate resources must be available for both. This implies a stronger role for the United Nations system in peacemaking and peace-keeping within an overall strategy for promoting sustainable human development. This strategy, in turn, rests on the arguments made above for identifying a limited set of priorities, along with measurable goals and targets, as a major approach for strengthening consensus and for mobilizing the resources required both within countries and internationally.

91. Finally, while these recommendations have intentionally focused on the United Nations system, that system derives its legitimacy and effectiveness from the values of individuals, families and communities. The suggestion for a strictly focused United Nations agenda is not based on the idea that a few should tell many what to do, but, on the contrary, is based on the concept that a truly global consensus, derived from the individual, can only be developed around those issues which rise into prominence through the willing acceptance and support they elicit from the many concerned.

Notes

1/ Report of the Secretary-General on coordination of the activities of the United Nations system in the fields of preventive action and intensification of the struggle against malaria and diarrhoeal diseases, in particular cholera.

2/ Report of the United Nations Conference on Environment and Development, Rio de Janeiro, 3-14 June 1992, vol. I, Resolutions Adopted by the Conference (United Nations publication, Sales No. E.93.I.8 and corrigendum), resolution 1, annex II.

Annex I

AGREED CONCLUSIONS ON COORDINATION OF THE ACTIVITIES OF THE UNITED NATIONS SYSTEM IN THE FIELDS OF PREVENTIVE ACTION AND INTENSIFICATION OF THE STRUGGLE AGAINST MALARIA AND DIARRHOEAL DISEASES, IN PARTICULAR CHOLERA

1. The Economic and Social Council decided a/ that its coordination segment would reach agreed conclusions containing specific recommendations on matters related to coordination addressed to the various parts of the United Nations system for implementation. The Secretary-General was requested to forward these recommendations to the relevant parts of the United Nations system for implementation and to apprise the Council at its substantive session of 1994 of the steps taken by the United Nations system to give effect to those recommendations.

2. The Council welcomed the report of the Secretary-General (E/1993/68). Although in general the Council supported the recommendations contained in the report, it suggested that greater specificity was needed in the plans, targets, resource allocations and implementation schedules of United Nations and Bretton Woods institutions to ensure improved coordination and implementation of programmes in developing countries.

3. Malaria and diarrhoeal diseases, including cholera, take a heavy toll in human life and suffering. Each year there are several hundred million cases and some 4 million deaths. These diseases constitute major impediments to social and economic development and improvement in the quality of life. They take their highest toll in the poorest countries and among the poorest communities in these countries.

4. Prevention and treatment of these debilitating diseases should be included as a major focus of health and development efforts. The benefits of prevention and treatment dwarf the costs involved.

5. It is equally important to get at the root causes of the diseases, which, to a great extent, are to be found in the sphere of socio-economic development. This requires a multisectoral and integrated approach that responds to short-term needs while at the same time providing for the long-term investments required. Particular attention needs to be devoted - among other things by improving national capacity-building - to food safety, nutrition, drinking water and sanitation, hygiene, education, especially of women, and, in general, to targeted investments for a better infrastructure in the health sector.

6. The question of health needs to be better incorporated in sustainable development policies. It is important to remain cognizant of the interaction between poverty, environment, development and health. Because of the serious health and economic consequences of malaria and diarrhoeal diseases, the United

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a/ Council decision 1993/205.

Nations system should give full consideration to the health implications of proposed activities within its development programmes and projects.

7. Since the diseases know no boundaries, regional and international strategies for coordinating prevention and control measures against the spread of the diseases are needed.

8. Control, prevention and treatment vary according to the disease. Consequently, technical assistance, interventions, policies and strategies should be specific to the nature of malaria and diarrhoeal diseases, including cholera. The United Nations system should take into account this specificity when developing coherent and coordinated strategies to address these diseases. In this connection, the Council noted with interest the development of the new anti-malaria vaccine SPF-66.

9. These diseases can be prevented and controlled with currently available tools. Better instruments and coordination, however, are also needed to ensure the effective and efficient use of current resources, as are continued investments to implement development and research activities.

10. An important dimension of the resurgence of malaria and diarrhoeal diseases, in particular cholera, is the lack of adequate resources being invested in health infrastructure and human resource development, particularly at the level of primary health services. However, there is a serious general shortage of resources internationally. Reallocating national resources and development assistance to the health area and improving the use of existing resources should therefore be a priority for Governments, the United Nations system and the donor community.

11. Coordination regarding malaria at all levels is facilitated by the existence of the Global Malaria Control Strategy of the World Health Organization (WHO), in which many agencies participate and which should be monitored. WHO also has technical policies and strategies including the Special Programme on Tropical Diseases, the Control Programme on Diarrhoeal Diseases and the Sick Children Initiative, which need to be strengthened and better coordinated. United Nations organs and organizations, within their respective mandates and taking into account comparative advantages, should reinforce their efforts to develop, endorse and promulgate common technical policies and strategies which can guide their complementary support to national programmes.

12. The most important focus for coordination is at the country level. Countries should be supported in strengthening their capacities to coordinate their own government actions, as well as in coordinating the contributions of the donor community. The resident coordinator system and subgroups, formed to ensure coordinated support for government efforts, may assist Governments in their endeavours. In countries choosing to have a country strategy note, this might also prove to be a useful tool.

13. It is also necessary, however, that United Nations agencies strengthen coordination among themselves, so as to fit better into the overall coordination process at the country level within the resident coordinator system.

14. Similarly, better coordination among bilateral donors and between bilateral donors and the United Nations system is essential. Where relevant, mechanisms such as consultative groups and round tables should be utilized to ensure coordinated action by all donors. The role of non-governmental organizations and the private sector is an important component of any programme and they should be partners in the coordination effort.

15. There is a need for a better balance between emergency assistance and medium- to long-term policies. Emergency assistance should be designed so as to benefit long-term development strategies. This recognizes that there is a continuum from emergency relief to rehabilitation, reconstruction and development.

16. Health and education, especially of women, are particularly important areas for improved coordination at both international and national levels. Health promotion is an important component of educational efforts. All means of communication, including the media, should be used to inform and educate target populations, especially women, in health matters.

17. Better and expanded collection, exchange and dissemination of information on the diseases and their prevention and treatment are essential in order to muster maximum support from national and international decision makers. The United Nations system should work to ensure the compatibility of its health and management information systems. At the country level, support for the development and implementation of appropriate information systems, such as improved disease surveillance, including early warning systems for epidemics, should be provided as an integral part of strengthening health services.

18. The strategies for the development of human resources being pursued by the United Nations system should take explicit account of the health, development and health services management needs of countries, including, inter alia, the technical expertise required for preventing and controlling malaria and diarrhoeal diseases.

19. A report on the implementation of recommendations to improve coordination in the prevention and control of malaria and diarrhoeal diseases should be prepared. It should specify goals, workplans and time-frames and resource needs for achieving them. It should identify complementary roles appropriate to the United Nations organizations involved.

20. The Secretary-General is requested to prepare this report in collaboration with WHO and other relevant organs, organizations and bodies of the United Nations system, taking into account their specialized expertise in the area of health and development. The Economic and Social Council should monitor the development of the report. The Secretary-General is requested to submit the report to the Economic and Social Council at its substantive session of 1994. The steps taken, while expected to specifically address malaria and diarrhoeal diseases, should also facilitate better coordination of United Nations organizations in supporting countries in addressing other national priorities, especially those relating to health and development.

21. In returning to the subject in 1994, the Economic and Social Council should exert more fully its coordinating role as defined in the Charter of the United Nations, ascertaining priorities in relation to the overall work of the United Nations organizations concerned.

Annex II

ORGANIZATIONS COLLABORATING IN THE PREPARATION OF THE PRESENT REPORT

Department for Policy Coordination and Sustainable Development of the United Nations Secretariat

Department of Humanitarian Affairs of the United Nations Secretariat

Food and Agriculture Organization of the United Nations (FAO)

International Labour Organization (ILO)

Office of the United Nations High Commissioner for Refugees (UNHCR)

United Nations Children's Fund (UNICEF)

United Nations Development Programme (UNDP)

United Nations Educational, Scientific and Cultural Organization (UNESCO)

United Nations Environment Programme (UNEP)

United Nations Industrial Development Organization (UNIDO)

World Bank

World Food Programme (WFP)

World Health Organization (WHO)

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REGIONAL COOPERATION

Transport and Communications Decade for Asia and the Pacific: Phase II (1992-1996) of the Transport and Communications Decade for Asia and the Pacific

Report of the Secretary-General

SUMMARY

The Transport and Communications Decade for Asia and the Pacific, 1985-1994, was proclaimed by the General Assembly through its resolution 39/227 of 18 December 1984. A mid-term review of the Decade was undertaken in 1989-1990 with the aim of assessing the impact of the programmes of the Decade implemented during the first quinquennium on national plans and policies in the Asian and Pacific region; identifying crucial short- and long-term transport and communications problems; and determining priorities for the second quinquennium of the Decade. As a result of the findings and recommendations stemming from the review, the Economic and Social Council adopted resolution 1991/75 of 26 July 1991 on phase II of the Decade, in which it recommended to the General Assembly that it change the period of the second quinquennium to cover the period 1992-1996, to permit, through closer cooperation of the countries and organizations concerned, the formulation and implementation of a new regional action programme to create a greater impact of the Decade. The Economic and Social Council, in that resolution, also requested the Secretary-General to submit a report on the implementation of the resolution to the Council at its substantive session of 1992, and every two years thereafter until the end of phase II of the Decade.

* E/1994/100.

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INTRODUCTION

1. The present report presents a summary of developments in the implementation of Economic and Social Council resolution 1991/75 of 26 July 1991 on phase II of the Transport and Communications Decade for Asia and the Pacific, 1985-1994, which have taken place in the regions of the Economic and Social Commission for Asia and the Pacific (ESCAP) and the Economic and Social Commission for Western Asia (ESCWA) since the last report of the Secretary-General on the Decade to the Economic and Social Council (E/1992/61 and Add.1), at its substantive session of 1992.

2. It highlights the status of implementation of the regional action programme for phase II of the Decade in the ESCAP region, the mobilization of requisite resources, the inter-agency cooperation, Decade coordination, monitoring and reporting, and the interregional coordination between ESCAP and ESCWA as well as the Economic Commission for Europe (ECE).

I. STATUS OF IMPLEMENTATION OF THE REGIONAL ACTION PROGRAMME

3. A number of legislative and inter-agency meetings were held in 1991 and 1992 to formulate the regional action programme. The implementation of the programme commenced immediately after its endorsement and the launching of phase II of the Decade by the Meeting of Ministers Responsible for Transport and Communications, held at Bangkok in June 1992. Based on the themes and related issues 1/ selected for phase II of the Decade, the programme comprises 47 activities to be carried out by the following 11 implementing agencies: ESCAP, United Nations Conference on Trade and Development (UNCTAD); International Labour Organization (ILO); International Civil Aviation Organization (ICAO); World Bank; International Telecommunication Union (ITU); International Maritime Organization (IMO); Universal Postal Union (UPU); United Nations Industrial Development Organization (UNIDO); Asia-Pacific Telecommunity (APT), and the Forum Secretariat.

4. The regional action programme takes into account not only the needs of the developing countries in the region and the capacity of the implementing agencies but also a realistic view of resources likely to be available, based on the level of funds received in the first quinquennium of the Decade. It was developed in close consultation with donors, particularly the United Nations Development Programme (UNDP).

5. Twenty-seven of the 47 activities in the regional action programme are currently under implementation. In the course of its formulation, a number of national institutes in the region were identified for direct involvement in implementation, particularly in undertaking research and training. One example is the Korea Maritime Institute, which has, in cooperation with ESCAP, undertaken a major study on the prospects for container shipping and port development for the East Asian subregion through the application of the Maritime Policy Planning Model. Identification of national training centres is under way for the implementation of the activities related to standardization of training programmes for port workers (implemented by the ILO); development of urban

transport activities, including training (implemented jointly by the World Bank and ESCAP); and development of human resources and management information systems training for inland waterways (implemented by ESCAP). Recognizing that the involvement of national institutes could contribute to the national capacity-building and the promotion of technical cooperation among developing countries, the implementing agencies are endeavouring to seek the participation of more national institutes in the activities of the programme.

6. Close contact with the existing subregional organizations as well as subregional groupings are maintained to ensure coordination and cooperation in the implementation of the relevant activities of the regional action programme. Seven activities in the programme are directed towards subregions such as Indochina, the Association of the South-East Asian Nations (ASEAN), Pacific Island countries, South Asia and North-East Asia in the areas of civil aviation and maritime transport. However, owing to the delay in funding, only one of the seven activities is currently under implementation. In this connection, emphasis has been placed by ESCAP on strengthening cooperation between ESCAP and the subregional organizations in order to facilitate the exchange of experience and cooperate and collaborate, to the extent possible, on development issues and concerns of mutual interest, including transport and communications. The Economic Cooperation Organization (ECO) is rendering cooperation to ESCAP in the implementation of the activity on Asian land transport infrastructure development, which comprises the development of the Asian Highway and the Trans-Asian Railway and facilitation of land transport. ESCAP participated in the Meeting of Ministers of Transport of ECO Member Countries, which was held at Alma Ata in October 1993. The Meeting adopted the Outline Plan for the Development of the Transport Sector in the ECO Region, to which inputs had been provided by ESCAP. ASEAN and ESCAP are undertaking a corridor study for South-East Asia for the activity on the development on multimodal transport. The organization of the first consultative meeting among the executive heads of subregional organizations in Asia and the Pacific and the Executive Secretary of ESCAP, held in Bangkok in February 1994, had positive effects on the strengthening of regional cooperation through subregional organizations. While the remaining activities in the regional action programme do not cater for the needs of particular subregions, the utmost efforts are being made, wherever possible, to implement them at the subregional level, so as to create a greater impact.

7. Efforts are being continued for the joint implementation of activities by the participating agencies of phase II of the Decade, most of which are in the United Nations system. There are 10 joint agency proposals in the regional action programme. To date, seven joint activities are being implemented in the areas of telecommunications (implemented by APT and ITU, and by APT and the World Bank), postal services (implemented by UPU and ESCAP), multimodal transport (implemented by UNCTAD and ESCAP), road user charges (implemented by the World Bank and ESCAP), urban transport (implemented by the World Bank and ESCAP in collaboration with the Asian Development Bank (ADB)), and facilitation of maritime traffic (implemented by IMO and ESCAP). It is envisaged that the implementation of the eighth joint UNCTAD/ESCAP activity on railway operations will commence soon, upon completion of the agreement with the Government of Bangladesh.

8. The commercial sectors have been closely involved in the implementation of the activities of the action programme which are related to the development of demand, capacity and investment planning models in the maritime sector and to the commercialization of transport and communications operations, particularly in the area of civil aviation, telecommunications and ports. Examples of the involvement of the commercial sectors include financing and operation of the proposed inland container depot outside metro Manila, to which the ESCAP/UNDP Financial Economic Planning Models have been applied, and financial support for the national cost from the Korean Shipowners' Association to the Korea Maritime Institute for undertaking a subregional study on the prospects for container shipping and port development in the East Asian subregion.

9. As determined by the Meeting of Ministers and endorsed by the Commission at its forty-ninth and fiftieth sessions, the regional action programme is to be kept flexible to accommodate the changing needs of members and associate members in the region during the remaining period of phase II of the Decade. For example, the importance of rural infrastructure development was emphasized by the Commission at its fiftieth session, held at New Delhi in April 1994, for which efforts need to be intensified by the implementing agencies.

II. MOBILIZATION OF RESOURCES

10. The implementation of many of the activities included in the regional action programme has been delayed, owing to the lack or late arrival of extrabudgetary funds from donors. In most cases, the funds secured for the implementation of the activities are not adequate for the full implementation of those activities.

11. To date, approximately US$ 28.9 million have been either contributed or pledged by UNDP, bilateral donors (Australia, Canada, France, Germany, Japan, the Netherlands, Republic of Korea) and the commercial sectors for the implementation of various activities under the regional action programme by 11 agencies. The amount represents the contribution/pledging in cash and, therefore, excludes the contribution/pledging in kind, such as the provision of non-reimbursable experts and equipment.

12. In October 1993, $12 million were approved by UNDP in support of the implementation of the regional action programme through the fifth cycle intercountry programme (1993-1997) for economic reforms through enhanced transport and communications services (RAS/92/038). The programme involves nine executing agencies: ESCAP, UNCTAD, ILO, ICAO, World Bank, ITU, IMO, UPU and APT, and covers the following four areas: organizational and managerial reforms; management tools and training; support for reintegrating economies internally and with the global economy; and environmental impacts. An additional $9.15 million have been allocated by UNDP from its Global Environment Facility (GEF) allocation and its fifth-cycle intercountry programme subregional allocation for Indo-China.

13. The bilateral extrabudgetary resources that have been mobilized are mainly for the implementation of the ESCAP activities in the regional action programme, including one joint ESCAP/IMO activity on the facilitation of maritime traffic.

In addition, the Governments of France, Germany, Japan and the Republic of Korea have been providing non-reimbursable experts to ESCAP to assist in the implementation of the activities in the regional action programme.

14. As for the contribution from the commercial sectors, $4.75 million were allocated by the Japan Postal Administration during the period 1993-1994 for the implementation of the activity on the development of a tracking and tracing system for express mail service by UPU.

15. The total amount of resources committed to date is still modest, compared with $23 million raised by ESCAP for the implementation of its activities during the first quinquennium of the Decade. Sharing the concern expressed by the Commission, at its forty-ninth session in April 1993, over the level of resource mobilization and the time-frame of phase II, the Economic and Social Council, at its substantive session held in Geneva in July 1993, adopted resolution 1993/63 of 30 July 1993 on resource mobilization for the implementation of the regional action programme for phase II (1992-1996) of the Decade, in which it recommended to the General Assembly that it encourage donors to contribute to the implementation of the programme. The General Assembly, at its forty-eighth session, adopted resolution 48/177 of 21 December 1993, in which it requested the Governing Council of the United Nations Development Programme, bilateral donors and all Governments in a position to do so to ensure that the regional action programme would be implemented effectively.

16. The implementing agencies of the regional action programme have been continuing their efforts in seeking new donors, while UNDP has recently mounted a resource mobilization mission in the region for possible co-financing from other donors. At the same time, efforts are being made by the implementing agencies to optimize the use of the available funds through promotion of technical cooperation among developing countries and the engagement of regional expertise.

III. INTER-AGENCY COOPERATION

17. The Inter-agency Steering Committee on Phase II (1992-1996) of the Transport and Communications Decade for Asia and the Pacific, which was established by the Meeting of Ministers Responsible for Transport and Communications, held its first and second annual meetings in Geneva in December 1992 and in Bangkok in December 1993. It also convened an ad hoc meeting in Geneva in July 1993 to consider the issue of resource mobilization. The Steering Committee, at its first meeting, determined its terms of reference. Its major responsibilities are to facilitate inter-agency coordination and cooperation; guide, monitor and evaluate the activities of the regional action programme so as to avoid duplication and develop a joint approach, as appropriate; and identify new transport and communications problems and developments occurring in the Asian and Pacific region, so as to recommend necessary adjustments in the regional action programme in the light of changing circumstances. The membership comprises, in addition to all implementing agencies of the regional action programme, the United Nations Environment Programme (UNEP), the ASEAN secretariat, Asian-Pacific Postal Union (APPU) and the Forum Secretariat. Two regional commissions, ECE and the Economic and

Social Commission for Western Asia (ESCWA) are associate members. In view of the recently developed cooperation, ECO and the South Asian Association for Regional Cooperation (SAARC) will be invited to join the Steering Committee.

IV. DECADE COORDINATION, MONITORING AND REPORTING

18. The Economic and Social Commission for Asia and the Pacific, at its forty-seventh session held at Bangkok in April 1991, mandated the lead role in monitoring, coordinating and reporting on the Decade to its Executive Secretary, as recommended in the report of the mid-term review of the Decade. In order to strengthen the capability of ESCAP in Decade coordination, the General Assembly, at its forty-sixth session, endorsed the provision of a temporary P-3 post to the ESCAP secretariat for the biennium 1992-1993. The continued provision of the post for the biennium 1994-1995 was approved by the General Assembly at its forty-eighth session. The role of ESCAP in Decade coordination includes, inter alia, the organization of meetings of the Inter-agency Steering Committee; the organization of ad-hoc intergovernmental meetings on phase II of the Decade in 1994 and 1996; the preparation of progress reports to various legislative meetings on the implementation of the regional action programme and related activities; and the coordination of interregional cooperation with ESCWA.

19. For monitoring the activities of the regional action programme which are funded by UNDP under its fifth-cycle intercountry programme (RAS/92/038), the UNDP established the Programme Management Committee to review the individual work plans of the implementing agencies; exchange views; verify relevance to country situations; and determine, as necessary, the modification of the activities in the programme. The Committee comprises governmental and private-sector personnel acting in their personal capacities. The first meeting was convened in Bangkok in December 1993, immediately preceding the second annual meeting of the Inter-agency Steering Committee.

20. For wide dissemination of information on Decade activities, a semi-annual newsletter, Decade News, has been issued by ESCAP in cooperation with the other concerned organizations, since the beginning of 1992. A coordination and monitoring system was developed by ESCAP to facilitate compilation of information required for reporting on the Decade to various meetings and to establish a compendium of national, subregional and regional activities relating to transport and communications for identifying the linkages among these activities. The monitoring and coordination system was considered by the Inter-agency Steering Committee at its second annual meeting, at which it agreed that, for the implementation of the system, ESCAP and UNDP should cooperate closely in developing a common reporting format. Work is currently under way towards this end.

V. INTERREGIONAL COOPERATION

21. Close contact has been maintained between ESCAP and ESCWA since the launching of phase II of the Decade. The activities of the ESCWA secretariat, however, are limited to coordination and follow-up actions of the ESCAP activities on the Decade, owing to total absence of adequate funds for Decade

implementation in the ESCWA region. Two missions to ESCWA in Amman were undertaken by ESCAP in the fourth quarter of 1992, to brief the ESCWA secretariat on the Meeting of Ministers and the regional action programme and to outline how ESCAP could support the programme of ESCWA for phase II. A proposal was made to develop a joint UNCTAD/ESCAP/ESCWA activity on the development of multimodal transport, focusing on human resources development. Possible donor support has not yet been obtained.

22. Frequent exchange of information has been maintained between ESCAP and ECE in the implementation of the activity on Asian land transport infrastructure development, with particular focus on facilitation measures. This cooperation could contribute to the development of reliable and efficient land transport linkages within Asia and between Asia and Europe.

VI. CONCLUSIONS

23. The Economic and Social Council is requested to note the progress which has taken place since the launching of phase II of the Decade and to encourage the concerned parties, in particular the donors, to respond to the requests made by the General Assembly in resolution 48/177 for the effective implementation of the regional action programme for phase II of the Decade and the strengthening of interregional cooperation between the ESCAP, ESCWA and ECE regions.

Notes

1/ The themes and issues are: institutional development (theme 1); transport and communications operations (theme 2); human resources development (theme 3); multimodal transport and logistics (issue 1); commercialization of transport and communications operations (issue 2); environment, health and safety in transport (issue 3); and urban transport (issue 4).